

1. CIR/DIST/DIV. CODE GUX	2. PERSON REPRESENTED Chen, Li Yong		VOUCHER NUMBER	
3. MAG. DKT/DEF. NUMBER 1:08-000013-001	4. DIST. DKT/DEF. NUMBER	5. APPEALS DKT/DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Chen	8. PAYMENT CATEGORY Misdemeanor	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1325.M -- IMPROPER ENTRY BY ALIEN				
<b>12. ATTORNEY'S STATEMENT</b> As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500)				
Signature of Attorney <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.		Date _____		
Telephone Number: _____				
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)		14. TYPE OF SERVICE PROVIDER		
		01 <input type="checkbox"/> Investigator 29 <input type="checkbox"/> 02 <input type="checkbox"/> Interpreter/Translator 21 <input type="checkbox"/> 03 <input type="checkbox"/> Psychologist 22 <input type="checkbox"/> 04 <input type="checkbox"/> Psychiatrist 23 <input type="checkbox"/> 05 <input type="checkbox"/> Polygraph Examiner 24 <input type="checkbox"/> 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis,etc) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics Expert 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner 15 <input type="checkbox"/> Other Medical Expert 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services	Legal Analyst/Consultant Jury Consultant Mitigation Specialist Duplication Services (See Instructions) Other (specify) _____	
15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.				
Signature of Presiding Judicial Officer or By Order of the Court				
Date of Order _____ None Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO				
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)		AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation				
b. Travel Expenses (lodging, parking, meals, mileage, etc.)				
c. Other Expenses				
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS				
TIN: _____ Telephone Number: _____				
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.				
Signature of Claimant/Payee: _____ Date: _____				
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.				
Signature of Attorney: _____		Date: _____		
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.				
Signature of Presiding Judicial Officer		Date	Judge/Mag. Judge Code	
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)				
Signature of Chief Judge, Court of Appeals (or Delegate)		Date	Judge Code	